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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/674,017			ing Date 30/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1,16(a), (b),	or (c))	N/A		N/A	П	N/A			N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), o	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =			l	x s =		OR	x s =	
IND (37	DEPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			1	x \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and of sheets of paper, the app is \$250 (\$125 for small additional 50 sheets or t 35 U.S.C. 41(a)(1)(G) a		ation size fee due tity) for each ction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If t	the difference in colu	umn 1 is less tha	r "0" in column	•	TOTAL]	TOTAL			
APPLICATION AS AMENDED - PART II OTHER 1 OTHER 1 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL									ER THAN ALL ENTITY		
AMENDMENT	02/08/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.16(ii)	• 3	Minus	·· 20	= 0	H	x s =		OR	X \$52=	0
ΖI	Independent (37 CFR 1.16(h))	• 1	Minus	***3	= 0	ı	X \$ =		OR	X \$220=	0
Ĭ,	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	R PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
E.	Total (37 CFR 1,15())	-	Minus		-	П	x \$ =		OR	X \$ =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	-	l	X \$ =		OR	X \$ =	
낊	Application Size Fee (37 CFR 1.16(s))					ı					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))					l			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, wite 0° in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "ANNIE c. SINGLETON The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within its in fell (and by the USFTO10 process) an application. Confidentially is governed by 83 USE 1.22 and 37 CFR 1.14. This collection is estimated to their bet 2 minutes to complete including pathential, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (Information CRIEC, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS